



Alameda Recreation and Park Department  
2226 Santa Clara Avenue, Alameda, Ca 94501  
(510) 747-7529/ FAX: (510) 523-4071



Children with Disabilities Play Group Family Survey

Grow Together

Spring 2012

Parent's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthday \_\_\_\_\_ Age of Child: \_\_\_\_\_

Email: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

What are your child's special needs? \_\_\_\_\_

How does your child interact with other children and adults? \_\_\_\_\_

Is your child sensitive to: light, touch, sound and/or other environmental factors?  
Please explain how you help your child through this?

\_\_\_\_\_

What is your child's strength in the following areas:

Interacting with others: \_\_\_\_\_

Personal care: \_\_\_\_\_

Life or emergent academic skills (cutting, coloring, painting, ie) \_\_\_\_\_

What is the primary language used at home? \_\_\_\_\_

How would you like your child to benefit from this program?

\_\_\_\_\_

What are your social and/or educational expectations for your child?

\_\_\_\_\_

Is there anything else we need to know about your child?

\_\_\_\_\_

\_\_\_\_\_

Please return survey to:  
Alameda Recreation and Park Department  
Attn: Stacy Thomas  
2226 Santa Clara Avenue  
Alameda, Ca 94501  
Or  
Fax to (510) 523-4071